PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the supporting statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503.

1. Agency/Subagency originating request

DOC/NOAA/NMFS

2. OMB control number b. [ ] None

a. 0648 - 0041

3. Type of information collection (*check one*)

a. [ ] New Collection

b. [ ] Revision of a currently approved collection

c. [✔] Extension of a currently approved collection

d. [ ] Reinstatement, without change, of a previously approved collection for which approval has expired

e. [ ] Reinstatement, with change, of a previously approved collection for which approval has expired

f. [ ] Existing collection in use without an OMB control number

For b-f, note Item A2 of Supporting Statement instructions

4. Type of review requested (*check one*)

a. [✔] Regular submission

b. [ ] Emergency - Approval requested by ___/___/___

c. [ ] Delegated

5. Small entities

Will this information collection have a significant economic impact on a substantial number of small entities? [ ] Yes [✔] No

6. Requested expiration date

a. [✔] Three years from approval date b. [ ] Other Specify: ___/___

7. Title Capital Construction Fund - Deposit/Withdrawal Report

8. Agency form number(s) (*if applicable*) NOAA Form 38-42

9. Keywords 'fishing vessels, taxes'

10. Abstract

Respondents are fishermen holding Fishing Vessel Capital Construction Fund (FVCCF) agreements. The FVCCF is a tax-deferral program for fishing vessel construction, acquisition, or reconstruction. Information collected on the NOAA Form 38-42 is used in checking for respondents' compliance with program requirements and for inconsistencies in their reporting to NOAA and IRS of program- related adjustments to their income. Deposit and withdrawal information is also required, by statute, to be annually reported to the Secretary of Treasury.

11. Affected public (*Mark primary with "P" and all others that apply with "x"*)

a. ___ Individuals or households
b. P Business or other for-profit
c. ___ Not-for-profit institutions
d. ___ Farms
e. ___ Federal Government
f. ___ State, Local or Tribal Government

12. Obligation to respond (*check one*)

a. [ ] Voluntary

b. [ ] Required to obtain or retain benefits

c. [✔] Mandatory

13. Annual recordkeeping and reporting burden

a. Number of respondents	4,000
b. Total annual responses	5,000
1. Percentage of these responses collected electronically	0 %
c. Total annual hours requested	1,650
d. Current OMB inventory	1,650
e. Difference	0
f. Explanation of difference	
1. Program change	
2. Adjustment	

14. Annual reporting and recordkeeping cost burden *(in thousands of dollars)*

a. Total annualized capital/startup costs	0
b. Total annual costs (O&M)	27
c. Total annualized cost requested	27
d. Current OMB inventory	0
e. Difference	27
f. Explanation of difference	
1. Program change	27
2. Adjustment	

15. Purpose of information collection (*Mark primary with "P" and all others that apply with "X"*)

a. ___ Application for benefits
b. ___ Program evaluation
c. ___ General purpose statistics
d. x Audit
e. ___ Program planning or management
f. ___ Research
g. P Regulatory or compliance

16. Frequency of recordkeeping or reporting *(check all that apply)*

a. [ ] Recordkeeping b. [ ] Third party disclosure

c. [✔] Reporting

1. [ ] On occasion 2. [ ] Weekly 3. [ ] Monthly
4. [ ] Quarterly 5. [ ] Semi-annually 6. [✔] Annually
7. [ ] Biennially 8. [ ] Other (describe) ___

17. Statistical methods

Does this information collection employ statistical methods

[ ] Yes [✔] No

18. Agency Contact (person who can best answer questions regarding the content of this submission)

Name: Charles Cooper

Phone: 301-713-2396, ext. 213

19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal Agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9

NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

(a) It is necessary for the proper performance of agency functions;

(b) It avoids unnecessary duplication;

(c) It reduces burden on small entities;

(d) It used plain, coherent, and unambiguous terminology that is understandable to respondents;

(e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;

(f) It indicates the retention period for recordkeeping requirements;

(g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3):

- (i) Why the information is being collected;
- (ii) Use of information;
- (iii) Burden estimate;
- (iv) Nature of response (voluntary, required for a benefit, mandatory);
- (v) Nature and extent of confidentiality; and
- (vi) Need to display currently valid OMB control number;

(h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of instructions);

(i) It uses effective and efficient statistical survey methodology; and

(j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of the provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Senior Official or designee	Date

Agency Certification (signature of Assistant Administrator or head of MB staff for L.O.s, or of the Director of a Program or Staff Office)	
Signature signed by A. Rosenberg	Date 12/20/99
Signature of NOAA Clearance Officer	
Signature signed by Richard Roberts, NOAA Clearance Officer	Date 01/06/00

Supporting Statement

OMB# 0648-0041

CAPITAL CONSTRUCTION FUND - DEPOSIT/WITHDRAWAL REPORT

A. Justification

1. NOAA Form 34-82 is used to facilitate meeting the continuing record keeping requirements of the Fishing Vessel Capital Construction Fund (FVCCF) program which is statutorily mandated under Section 607 of the Merchant Marine Act, 1936, as amended. The data collected is required pursuant to 50 CFR, Part 259.35, and P.L. 99-514 (The Tax Reform Act, 1986), and is needed for responsible program administration. The FVCCF is a tax deferral program which allows participating fishermen to defer the tax on vessel income deposited into the fund and provides for the recapture of the deferred tax by reducing an agreement vessel's basis by the amount withdrawn for its construction, acquisition and/or reconstruction. Deposited income is separated into one of three bookkeeping accounts as set forth in P.L. 91-469, Sec 607(e), and is withdrawn from them on a first-in first-out basis in accordance with the nature of the withdrawal as set forth in 26 CFR Part 3 Sec 3.6(b) and 3.7(c).

If withdrawn monies are not used for allowed purposes, the withdrawn amount (a non-qualified withdrawal) is considered income to the participant in the year withdrawn, and taxed at the highest rate for the account involved.

Under a CCF agreement, the participant must deposit a minimum amount per year, and cannot deposit more than a set amount. NMFS must approve any withdrawals made before the withdrawal takes place.

Copies of pertinent regulations are attached. It is essential that a reasonably detailed record be kept of each participant's deposit/withdrawal activity.

2. The information is used by the Government for the purpose of responsibly administering the FVCCF Program and for general program management purposes. NOAA Form 34-82 must be submitted by participants not later than 30 days after the deadline, with extensions, for filing the participant's tax return. A copy of the tax return must also be submitted at that time. NMFS compares the two documents to find any conflicting information on earned income, deductions taken for deposits, adjustments made to depreciation schedules, and the proper payment of additional tax for non-qualified withdrawals. The information is also checked to ensure that withdrawals have been approved, and that deposited income meets minimum and maximum limits. There is no other way, except by direct audit, for us to check if participants are complying with deposit/withdrawal requirements and properly accounting for FVCCF activity on their tax returns. Incorrect reporting can be costly to the Government in lost rather than deferred tax revenue.

3. The Program ADP system will be modified to accept electronic filing, however, it’s unlikely that many reports will be filed in this manner because the majority of respondents do not have access to a computer. All information on the form is the minimum required by law. Because the information collected relates to the financial transactions of individuals and businesses it is not disclosed to the public in any form.

4. There is no duplication. Information being collected is specific and relevant only to the FVCCF Program.

5. The form is organized to help small entities such as small businesses keep track of their annual deposit/withdrawal activity in a manner that will aid them in the timely preparation of their tax returns. The information collected is the minimum necessary to ensure participants are complying with program regulations and statute.

6. The information is collected at the end of each participant’s tax year. Less frequent collection would allow improper deposit/withdrawal activity to go undetected for periods of more than one year and, in some cases, could prevent the Internal Revenue Service (IRS) from protecting the Government’s interest if they were not notified of tax liability situations in time to act before the expiration of the IRS 3-year statute of limitations. Not collecting the information would almost certainly result in the Government’s not recovering substantial amounts of deferred taxes.

7. There are no special circumstances that require the collection to be conducted in a manner inconsistent with OMB guidelines.

8. PRA Federal Register Notice (copy attached) has not yet generated public comment. Comments, if received, plus consultation with program users will be used in drafting planned future revisions of this form.

9. No gift or payment of any kind is provided to respondents.

10. NMFS will treat all information as confidential to the extent required by the Privacy Act and will only release your individual deposit and withdrawal information when ordered to do so by a court.

11. No sensitive questions are asked.

12. Estimate in hours of the burden of the collection of information:

Number of respondents = 4,000
Frequency of response = once a year
Total number of responses expected = 5,000
Avg. response time per respondent = 0.33 hours
Total annual response time = 1,650 hours

The number of responses expected is greater than the number of respondents because an estimated 1,000 respondents will need more than one form because a separate form is needed for each depository used. Respondent can readily gather information needed from financial statements and receipts which are normally required in preparing their tax returns.

Annualized cost to respondents:

Total burden in hrs x avg/hr value of respondents
time = 1,650 x $22 = $36,300

13. Annualized costs per respondent are estimated at $5.50 ($3.00 for postage and $2.50 for copying). Based on 5,000 responses, this equates to $27,500.

14. Estimate of annualized cost to the Federal government:

No. of responses X avg. time to review X avg. salary
of reviewer/hr plus 30% overhead = 5,000 X .3 hr X $22
+ 30% = $42,900.

15. There were no program changes or adjustments in Items 13 and 14 of the OMB 83-I.

16. The results of the collection are not published.

17. The expiration date of OMB approval will be displayed.

18. There are no exceptions to the certification statement.

NOAA FORM 34-82
OMB NO. 0648-0041
Expires: 2/28/2000

U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
NOAA Fisheries

Capital Construction Fund Program
DEPOSIT/WITHDRAWAL REPORT

Due 30 days after filing date of Federal Tax Return (including extensions). This report must be filed annually, whether or not agreement activity took place. Attach a signed copy of the Federal Income Tax Return, as filed with the IRS, to this report.

Mail report and tax return copy to:
NOAA Fisheries F/SF2
Capital Construction Fund Program
1315 East-West Highway
Silver Spring, MD 20910-3282
301/713-2393 ext 194

Prepare a separate Form 34-82 report for each account you maintain.

DEPOSITORY BANK, OR INVESTMENT FIRM

Name: ____

City and State: ____

Account Number: ____ Date Opened: ____

Type of Investment Account: ☐ Savings ☐ Money Market ☐ Checking

☐ Other: *(describe)* ____

AGREEMENT HOLDER:

Name: ____

Address: ____

Telephone No.: ____

CCF CASE NUMBER

CCF - __ - ____

REPORT OF DEPOSITORY ACTIVITY FOR TAX YEAR ENDED: / /

Did you reduce taxable income for the current tax year due to CCF activity? ☐ YES ☐ NO
Amount deferred $ ____

Was a CCF deposit made during the current year for taxes deferred in the prior year? ☐ YES ☐ NO
Clearly identify this deposit in Account Activity section.

Notes:

			CLASSIFICATION OF DEPOSITS:							
			ORDINARY INCOME (tax deferred)		CAPITAL GAIN (tax deferred)		CAPITAL (funds not tax deferred)			SUMMARY BALANCE
			DEPOSIT	WITHDRAWAL	DEPOSIT	WITHDRAWAL	DEPOSIT	WITHDRAWAL		
BALANCE FORWARD – FROM PRIOR YEAR'S REPORT *(Should be same as last year's "Balance – End of Year" amount. If different, attach a reconciling schedule.)*										
ACCOUNT ACTIVITY FOR THE TAX YEAR *Summarize interest and dividend deposits. For deposits of vessel income, provide name of vessel and Schedule A page number. For all withdrawals, provide name of vessel and Schedule B page number for project.*		SCH. A OR SCH. B PAGE #								
DATE	DESCRIBE									
1									1	
2									2	
3									3	
4									4	
5									5	
6									6	
7									7	
8									8	
9									9	
10									10	
TOTAL EACH COLUMN *(include "Balance Forward" amount for each column)*				( )		( )		( )		
WITHDRAWALS FOR THE YEAR *(copy totals from adjacent column)*			( )	←	( )	←	( )	←		
BALANCE – END OF TAX YEAR *(net amounts and Summary Balance)*										

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to NOAA Fisheries, F/SF2, 1315 East-West Hwy., Silver Spring, MD 20910.

I certify that for this tax year, there were no withdrawals or transfers other than those enumerated above for this Capital Construction Fund agreement. This report reflects true and complete statements in accordance with all applicable rules and regulations issued or adopted by the Secretary of Commerce pertaining to Section 607 of the Merchant Marine Act of 1936, as amended. Information on this report is complete, true, and correct to the best of my knowledge and belief. ***(Following information is required.)***

SIGNATURE: ____ DATE: ____ ☐ Agreement holder or officer ☐ Authorized representative